

North Carolina Department of Health and Human Services
Division of Public Health
Section/Branch: Women, Infant, and Community Wellness Section

RFA Questions and Answers

RFA #A411, RFA Title: Supporting Women's Health Services
Addendum Number: 1

If applicable, Bidder's Conference(s) Date(s): October 11, 2023
Questions Received Until (date): October 27, 2023
Summary of Questions and Answers Release Date: November 6, 2023

DPH Internal Use Only	
Contracts Team Leader Approval:	_____
	Signature Date
Questions regarding T&C? Yes / No	_____
If Yes, Contracts Manager Approval:	_____
	Signature Date

Questions and Answers *(list all questions and answers in numerical order)*

GENERAL QUESTIONS

- 1. Question: Are the charts in the template to be used in our application or are we supposed to recreate them?**

Answer: You can use the RFA template and type directly into the charts. This way, you will not have to recreate the tables.

- 2. Question: Is this the Family Planning RFA that agencies have to complete every couple of years?**

Answer: No. This RFA is to fund projects with new funding appropriated by the General Assembly in 2023.

- 3. Question: If you are a District health department, do you have to submit an application for each county in the district?**

Answer: No, you do not need to submit individual applications, you can submit just one application. However, each county you plan to serve must be included in the application, including services offered, etc.

- 4. Question: Is there a font restriction? Margin restriction?**

Answer: Yes, on page 18 of the RFA document under number 6. Format, you will find the requirements listed that applications must be single-side on 8.5" x 11" paper with margins of 1". The font should be easy to read and no smaller than an 11-point font.

5. **Question: Are charts and graphs acceptable in answering questions or must it all be in sentences/paragraph form?**

Answer: Yes, charts and graphs are acceptable to create to answer questions. Please be mindful of the page limits for each section.

6. **Question: Do you want one large PDF version of the application submitted, or should the other items (like the budget) be separate?**

Answer: Please combine all of your application materials into one large PDF, if possible. If that is not possible, please send the budget excel worksheet as a separate file. If submitting the budget as part of the PDF, ensure to expand the cells to allow reviewers to see all of your information, and remember to include all tabs on the spreadsheet (including salary and subcontract (if relevant)).

7. **Question: Appendix C forms are for reference, correct? These documents do not have to be completed and submitted with our application?**

Answer: Correct, the forms in Appendix C are only for reference. Please do not complete these forms and/or submit them with your application.

8. **Question: Can a local health department choose an aim from both a and b sections? For example...LARC funding for Family Planning and hiring Community Health Workers or Centering Coordinators?**

Answer: Yes

9. **Question: Can Community Health Centers (CHCs) use funds for Community Health Workers (CHWs)?**

Answer: No, only local health departments are eligible to apply for funds for this purpose. Please see the chart on **page 7** of the Request for Applications for more information.

10. **Question: If we are opening a new clinic location (CHC) and would like to bring LARC services to this clinic, does this qualify for Program A Aim or B?**

Answer: Yes, this would qualify for Program A. Community Health Clinics would be expanding access to services, increasing the availability of contraceptive methods.

11. **Question: We did not submit notice of intent, but can we still submit an application?**

Answer: Yes, notice of intent was not required to apply. Someone from your agency did need to attend the live pre-application webinar on October 11th to be eligible to apply.

Program AIM A. INCREASE ACCESS TO CONTRACEPTIVES

12. **Question: Any issue with existing health centers with Upstream contracts applying for these funds if funds align with Program Aim A?**

Answer: If you are an agency that also works with Upstream, but you are using these funds to increase or expand your outreach (extending hours or creating a new location), it should not matter if you are contracting with Upstream or not.

- 13. Question: What if a Community Health Center had a LARC program but lost funding and were unable to provide LARCs. Would restarting the program qualify for Program A aim b?**

Answer: Yes, if you are not currently providing this service then this may be a good opportunity to increase contraceptive availability in your area. Your agency should consider if it is possible to extend hours for appointments at least 1-2 days a month outside a traditional 8-5 Monday/Friday schedule.

- 14. Question: For uninsured patients to qualify for LARCs through this program, will the uninsured patients continue to be on a sliding fee scale or will LARCs be covered at 100% through this program for the patient?**

Answer: Every patient should be placed on your sliding fee scale and require that you slide all the costs, insertion fees + device, for a patient under this RFA.

- 15. Question: Can funding be used to purchase contraceptives?**

Answer: Yes, it can also be used for more than purchasing methods, including staff, supplies, etc.

- 16. Question: Just to confirm, if we wanted to hire a Women's Health Nurse Practitioner or Midwife to insert IUDs could we use the funding for that?**

Answer: Yes, you can hire staff to assist with contraceptive services. Be clear in your application how you are expanding access to contraceptive methods.

- 17. Question: If there is a provider that offers after-hours services but does not currently offer LARC services, would it qualify to add LARC services to this after-hours clinic?**

Answer: Yes, you are increasing access to contraceptive services. Your application needs to be clear that you are not providing these services currently and how services would be impacted with this funding.

- 18. Question: We currently have extended hours and non-traditional locations, but do I understand correctly that we need to provide LARCs during those clinics or just contraceptive counseling with a referral to LARC placement?**

Answer: If you currently do not provide contraceptive services during extended hours or non-traditional locations and will be adding that service, then yes, you would be eligible to apply. The contraceptive method would need provided on site and not referred out to another location.

- 19. Question: We have recently partnered with our Community College providing a Nurse Practitioner and RN. Can we apply for Program A for LARCS and other contraceptives?**

Answer: If you are not currently offering contraceptive services and this funding would allow for that, then yes, you could apply.

- 20. Question: The performance measure states that 100% of those receiving services will be underserved, uninsured, or medically indigent. Not all individuals seeking to utilize extended hours may fit this definition. How do we account for this?**

Answer: When reporting numbers in the annual report, be clear and break out individuals accessing services through this funding. If you are reporting that 100 people came in during extended hours and 45 of those were underserved, uninsured, or medically indigent, it will capture the information needed. Any contraceptive methods purchased with this funding should be utilized for patients meeting the criteria of underserved, uninsured, or medically indigent.

- 21. Question: We currently offer IUDs but not Nexplanon because of the expense for uninsured patients. If we were able to provide Nexplanon through funding from this program, would offering that during our existing hours be considered fulfilling Aim A?**

Answer: Offering Nexplanon to your uninsured patients would be great. It would really increase accessibility by having extended/alternate hours even 1-2 days a month. That could be any time outside of Monday – Friday 8 am – 5 pm. Examples could be offering services in the early morning, after 5 pm or even on the weekend. Funds can be utilized to support staff to assist with the work.

- 22. Question: What is the training commitment – who has to take the training, how long is it, and could it be tailored to our specific agency?**

Answer: The training needs to be completed by the clinical team working with patients. The training we are looking at utilizing is online, self-paced and should only take a few hours; therefore, no it cannot be tailored, it will be the same for everyone receiving funds.

- 23. Question: Will taking the funds put our Community Health Center on the list for a Federal Title X site visit?**

Answer: The funding for this RFA opportunity is state funding that has been identified by the NC General Assembly. This is not associated with the Federal Title X program.

- 24. Question: Is reimbursement based on monthly report on number of insertions?**

Answer: Reimbursement is based on the monthly expenses incurred by your agency based on the contract budget developed by your agency and approved by the Division of Public Health. The funding can be utilized for more than methods or insertions.

- 25. Question: For the extending clinic hours strategy, one of the requirements is that patients will need to fill out a Patient Experience Survey that is provided to us by the State. Under the annual reporting requirements, it states that a program participant satisfaction survey must be administered. Are these two surveys the same, or do we need to do two surveys with each patient that we see?**

Answer: These are two different surveys and do not necessarily need to be completed by every patient. They are also both voluntary surveys. The satisfaction surveys can be distributed similarly to how your agency may currently gather feedback for your agency. The patient experience survey would be great for every contraceptive patient to be given a chance to respond, but again, it is not required for any patient to complete. That survey is only available electronically for a patient to respond. The satisfaction survey can be distributed electronically or via paper.

Program AIM B. IMPROVE MATERNAL AND INFANT HEALTH – Local Health Departments (LHDs) Only

26. Question: Several providers have mother's return for postpartum visits in 4 weeks rather than 6 weeks. How would this work if we are thinking about the Postpartum Home Visiting (PPHV) Strategy?

Answer: The individuals seen for postpartum clinical visit within 4 weeks is a great and acceptable concept, but would this mean that the Postpartum Home Visiting (PPHV) will take place sooner than 4 weeks and prior to the clinical visit.

27. Question: I guess we cannot complete AIM 2 strategy 4 because we already offer Post Partum Home Visiting (PPHV) to all women that deliver in our county. PPHV is offered to all birthing folks who deliver in our county, regardless of insurance status.

Answer: Correct, if your program is inclusive of insured and uninsured population you do not need this funding.

28. Question: We already offer a universal home visiting program but have lost funding and are seeking funds to continue that work. Are we able to apply for funds to continue universal home visiting, since that would include uninsured or underinsured?

Answer: If you are talking about the postnatal home visit based on the guidelines provided by Medicaid, you can use the funding to continue this work. If it is for a different home visiting program, you cannot use these funds.

29. Question: We offer Post Partum Home Visiting for people with Medicaid and uninsured, but do not offer services for people with health insurance. Can we extend these services to those with private insurance (but no prior authorization for home visits)?

Answer: If the LHD offers maternity services, they can bill for these services via Medicaid. Private insurance participants would be able to be seen with this funding if you do not have a reimbursement source for the services.

30. Question: We offer postnatal HV to everyone. Can the funds be used to enhance the program such as: assign one specific nurse home visitor to underinsured/uninsured patients & partner with another program that specifically works with uninsured/underinsured? Or fully develop a Reproductive Life Plan and enhance goals around % completing postpartum visits?

Answer: Given that you already offer postnatal home visiting to everyone. These funds are not provided to supplant currently funded positions.

31. Question: Under the Behavioral Health strategy, “participate in a LHD Community of Practice convened by WICWS,” can you clarify if these are virtual or in-person, and if in-person, how frequent?

Answer: It is anticipated the Community of Practice will be held virtually. We anticipate the group may determine to meet at least once in-person. It is not anticipated that an in-person meeting will be held during the FY23-24 budget period.

32. Question: Under the Behavioral Health strategy, “attend a community engagement training,” is this an in-person training? How many days and how frequently throughout the project period will this occur?

Answer: The training will be held as a hybrid event. If you select Behavioral Health strategy, suggest budgeting for at least two days for an in-person meeting. We do not know where the training will be held, but it would be safe to include two overnights, for the overnights and mileage. For the FY23 – 24 budget period, we do not anticipate having any in-person meetings.

33. Question: For the outcome measure under Behavioral Health (BH) strategy, “100% of LHD clients referred to a behavioral health provider will develop a care plan...”, are we to understand this to mean “100% of LHD clients referred to and *accepting treatment from* a behavioral health provider will develop a care plan”?

Answer: Correct, all LHD clients that are referred to the BH provider and accept the service will get a care plan developed by the BH provider. If the patient is **referred** and the patient **accepts** the service, a care plan should be developed. Documentation that the referred patient declines the service should be noted in the patient’s chart. The intent of the funds is for the LHD to have a BH provider available to work with patients as internal referrals.

34. Question: We hope to conduct Newborn Home Visits at the same time we are conducting the HVPNA. The way we understand the strategy as written is that the grant is only funding the care of the mother. Is our interpretation correct?

Answer: That is correct, the funds would be solely for implementing HVPNA. If you are planning for the same staff person to conduct postpartum assessment and Newborn Home visit, you should allocate a percentage of the cost to RFA A411 and the remaining percentage to another funding source.

PROGRAM PLAN

35. Question: We plan to apply for funding to extend clinic hours. The last question on 2-1 asks “.....how many individuals are you seeing currently and how many additional individuals do you plan to serve with this funding?”. Our question is: What is the time frame of this question? How many did we see last year, month etc.? As to how many we plan on seeing, same question, what is the timeframe?

Answer: You can define the timeframe you would like to report and be consistent, a monthly or annual timeframe may work. For example, we currently see 30 patients a month and with offering extended hours we anticipate serving 15 additional a month; or we currently see 200 patients

annually and with offering extended hours we anticipate serving an additional 75 patients annually.

- 36. Question 2-5: If we are extending clinic hours to increase access, how do we answer the “lived experience” question? Is there an example the type of person might be, as it pertains to Program Aim A (Increased Access to Contraceptives) EBS A (Extended Clinical Hours)?**

Answer: Lived experience in this circumstance would mean individuals seeking contraceptive services and getting input from the people you are trying to reach with these services. Especially if individuals are underserved, uninsured, or medically indigent.

DATA COLLECTION, EVALUATION and REPORTING

- 37. Question: Will a Participant Satisfaction Survey be provided by DPH/WICWS for all the project aims?**

Answer: Yes, a template survey will be shared to ensure that we are collecting the same data across all the sites who are implementing the same aim/strategy.

AGENCY ABILITY

- 38. Question: When you say staff turnover, do you mean for the whole agency or just for the program to be funded?**

Answer: Staff turnover would be for the entire agency and outline your plan to address how to limit staff turnover for the current program in your application.

BUDGET

- 39. Question: What type of incentive items can be purchased?**

Answer: It may be things that connect to the strategy you choose. For example, if you select group prenatal care, it may be that you have small baby items or mom-related items to incentivize participation.

- 40. Question: Would the purchase of LARCS be included under the Supplies category in the Budget?**

Answer: Yes, you can utilize the Supplies category in the budget to list this expense.

- 41. Question: For the budget, is it level funding each budget period, as in, if we ask for \$50,000 for the first budget period, we can only ask for \$50,000 for the remaining periods?**

Answer: It is level funding each year. The first year will be only three or four months, but the funding amount will be the same as it will be the second year for a full 12 months.